



FEE: \$100

TOWN OF AMHERST
SPECIAL LICENSE
WINE AND MALT APPLICATION

To the Licensing Authorities:

Date: April 7, 2009

The undersigned hereby applies for a Special License – Wine and Malt in accordance with the provisions of the Statutes relating thereto:

NAME: Brenda Ryan-Newton

COMPANY: University of Massachusetts

ADDRESS: 820 Campus Center, UMASS, Amherst, MA 01003

CONTACT: Brenda Ryan-Newton, President, TOC, Inc.

TELEPHONE: (413) 545.0585

DAY(S) APPLIED FOR: May 15, 2009

PREMISES TO BE LICENSED: Fine Arts Center, UMASS Amherst

HOURS OF OPERATION: 4 pm – 6 pm

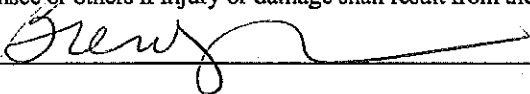
TYPE OF EVENT: Reception

RESTRICTIONS ON SPECIAL LICENSE – WINE AND MALT

1. All beverages shall be served in paper cups and consumed from the same. No bottles or cans can be served.
2. The provisions of the Town's Noise By-Law will be administered in the event there are complaints of excessive noise in connection with the event.
3. Advertising of the event is to be restricted to the Town of Amherst and the Five College Community. No advertising is to take place in any public school.

LIABILITY DISCLAIMER FOR SPECIAL LICENSE – WINE AND MALT

By exercising the privileges of this license in serving persons with alcoholic beverages, the licensee is potentially exposed to significant liability for injuries and damages to persons served or to others who are injured or damaged by the persons served. Your acceptance and exercise of this license will be deemed to be acknowledgement that you are aware of this potential liability. You are encouraged to discuss the risks associated with exercising your privileges of the license and the precautions appropriate to avoid injuries, damage and liability to others with your legal advisor. The Town of Amherst, and the Select Board as Local Licensing Authority, shall not be liable to the licensee or others if injury or damage shall result from the exercise of the license.

Signature of Applicant: 

An appointment must be made to meet with the Police Chief (256-4011) before submitting this application to the Select Board's Office. After approval, return application to the Select Board's Office, 4 Boltwood Avenue, Amherst, MA 01002

Approved: 

Chief of Police

Date

Date Select Board Approved/Denied: _____

License #: _____

Remarks: _____